

<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> ( Not for submission under 37 CFR 1.99)	<b>Application Number</b>		10539969
	<b>Filing Date</b>		2005-06-19
	<b>First Named Inventor</b>	Robert F. M. Hendriks, et al	
	<b>Art Unit</b>	1614	
	<b>Examiner Name</b>		
<b>Attorney Docket Number</b>		NL021370	

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- ☐ See attached certification statement.
- ☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.
- ☒ None

**SIGNATURE**

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Aaron M. Waxler/	Date (YYYY-MM-DD)	2006-10-31
Name/Print	Aaron Waxler	Registration Number	48027

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